



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/20/2006

Business ID: 74079

William M. Gardner

Secretary of State

ADVANCED SYSTEMS IN MEASUREMENT AND EVALUATION INC.

171 WATSON RD, PO BOX 1217
DOVER, NH 03820

ENTITY TYPE: CORPORATION

BUSINESS ID: 74079

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020378394

TO ACT AS CONSULTANT AND ADVISOR REGARD- ING
MEASUREMENT AND EVALUATION OF SYSTMS

ADDRESS OF PRINCIPAL OFFICE:

171 WATSON RD, PO BOX 1217
DOVER, NH 03820

REGISTERED AGENT AND OFFICE:

STUART R. KAHL
171 WATSON ROAD PO BOX 1217
DOVER, NH 03820

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

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☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

NAME Stuart R. Kahl, President
STREET 171 Watson Rd.
CITY/STATE/ZIP Dover, NH 03820
NAME Richard D. Rizzo, SCVP/CEO
STREET 171 Watson Rd.
CITY/STATE/ZIP Dover, NH 03820
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

NAME Alice Irby, Secretary
STREET 696 Lake Forest Dr. SE
CITY/STATE/ZIP Pinehurst, NC 28374
NAME Tom Flanagan, Chairman
STREET 11 Court St.
CITY/STATE/ZIP Exeter, NH 03833
NAME Stephanie Drea
STREET 12302 Friendship Court
CITY/STATE/ZIP Bethesda, MD 20817
NAME Hm Waxman
STREET 28 Arguam Rd.
CITY/STATE/ZIP Sharon, MA 02067

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

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Sign here:

Please print name and title of signer:

Robert A. Kmetz
NAME

Treasurer
TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529